


|   |   |   |   |
|---|---|---|---|
| <b>SEND COMPLETED FORM TO:</b><br>The Appropriate State or EPA Regional Office.   | United States Environmental Protection Agency<br><br><b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b>  |   | <b>RECEIVED</b><br>FEB 20 2008                          |
| <b>1. Reason for Submittal</b><br>(See Instructions on page 9)<br><br>MARK ALL BOX(ES) THAT APPLY   | <b>Reason for Submittal:</b> BY: _____<br><input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities)<br><input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information)<br><input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application<br><input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)<br><input checked="" type="checkbox"/> As a component of the Hazardous Waste Report |   |   |
| <b>2. Site EPA ID Number</b><br>(page 10)   | EPA ID Number<br><u>M.O.D. 0.685-A-97.7.3</u>   |   |   |
| <b>3. Site Name</b><br>(page 10)  | Name:<br><u>Sherwin-Williams # 4355</u>   |   |   |
| <b>4. Site Location Information</b><br>(page 10)  | Street Address: <u>7001 Page St</u>   |   |   |
|   | City, Town, or Village: <u>ST LOUIS</u>   | State: <u>MO</u>  |   |
|   | County Name: <u>ST LOUIS</u>  | Zip Code: <u>63133</u>  |   |
| <b>5. Site Land Type</b><br>(page 10)   | Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other   |   |   |
| <b>6. North American Industry Classification System (NAICS) Code(s) for the Site</b><br>(page 10)   | A.<br><u>424950</u>   | B.<br>483463<br> |   |
|   | C.  | D.<br>RCRA  |   |
| <b>7. Site Mailing Address</b><br>(page 11)   | Street or P. O. Box: <u>SAME AS # 4</u>   |   |   |
|   | City, Town, or Village:   |   |   |
|   | State:  |   |   |
|   | Country:  | Zip Code:   |   |
| <b>8. Site Contact Person</b><br>(page 11)  | First Name: <u>Tim</u>  | MI:   | Last Name: <u>JONES</u>                                 |
|   | Phone Number: <u>314-726-4446</u> Extension:  |   | E-mail address: <u>JONES-t@sbcbglobal.net</u>           |
| <b>9. Operator and Legal Owner of the Site</b><br>(pages 11 and 12)   | A. Name of Site's Operator:<br><u>Sherwin Williams Co</u>   |   | Date Became Operator (mm/dd/yyyy):<br><u>10/01/1975</u> |
|   | Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other  |   |   |
|   | B. Name of Site's Legal Owner: <u>Sherwin-Williams</u>  |   | Date Became Owner (mm/dd/yyyy): <u>5/3/1996</u>         |
| Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other |   |   |   |

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|  |  |                        |
|--|--|------------------------|
| 9. Legal Owner<br>(Continued)<br>Address | Street or P. O. Box:                     |                        |
|  | 101 Prospect Ave., NW                    |                        |
|  | City, Town, or Village: <u>Cleveland</u> |                        |
|  | State: <u>OHIO</u>                       |                        |
|  | Country: <u>USA</u>                      | Zip Code: <u>44115</u> |

## 10. Type of Regulated Waste Activity

Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 13 to 16.)

## A. Hazardous Waste Activities Complete all parts for 1 through 6.

Y ☐ N ☒ 1. Generator of Hazardous Waste

If "yes", choose only one of the following - a, b, or c.

☒ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities.

Y ☐ N ☒ d. United States Importer of Hazardous WasteY ☐ N ☒ e. Mixed Waste (hazardous and radioactive) GeneratorY ☐ N ☒ 2. Transporter of Hazardous WasteY ☐ N ☒ 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.Y ☐ N ☒ 4. Recycler of Hazardous Waste (at your site)Y ☐ N ☒ 5. Exempt Boiler and/or Industrial Furnace If "yes", mark each that applies.☐ a. Small Quantity On-site Burner Exemption☐ b. Smelting, Melting, and RefiningY ☐ N ☒ 6. Underground Injection Control

## B. Universal Waste Activities

Y ☐ N ☒ 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate the types of universal waste managed at your site. Mark all boxes that apply:Manageda. Batteries ☐b. Pesticides ☐c. Thermostats ☐d. Lamps ☐e. Other (specify) \_\_\_\_\_ ☐f. Other (specify) \_\_\_\_\_ ☐g. Other (specify) \_\_\_\_\_ ☐Y ☐ N ☒ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

## C. Used Oil Activities

Mark all boxes that apply.

Y ☐ N ☒ 1. Used Oil Transporter

If "yes", mark each that applies.

☐ a. Transporter☐ b. Transfer FacilityY ☐ N ☒ 2. Used Oil Processor and/or Re-refiner

If "yes", mark each that applies.

☐ a. Processor☐ b. Re-refinerY ☐ N ☒ 3. Off-Specification Used Oil BurnerY ☐ N ☒ 4. Used Oil Fuel Marketer

If "Yes", mark each that applies.

☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

**11. Description of Hazardous Wastes (See instructions on page 17.)**

**A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

|      |  |      |      |  |  |  |
|------|--|------|------|--|--|--|
| D001 |  | F003 | F005 |  |  |  |
|      |  |      |      |  |  |  |
|      |  |      |      |  |  |  |

**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

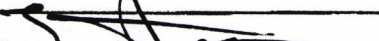
|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

## 12. Comments (See Instructions on page 17.)

[illegible]

**13. Certification.** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

**(See instructions on page 17.)**

| Signature of operator, owner, or an authorized representative                       | Name and Official Title (type or print) | Date Signed (mm/dd/yyyy) |
|---|---|--------------------------|
|  | Tim Jones                               | 2-19-08                  |
|   |   |                          |
|   |   |                          |
|   |   |                          |



U.S. ENVIRONMENTAL  
PROTECTION AGENCY

2007 Hazardous Waste Report

WASTE GENERATION  
AND MANAGEMENTBEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:SITE NAME: Sherwin-Williams #4355St Louis, MOEPA ID NO: MO00068549723FORM  
GM

Instructions: Please see the detailed instructions on pages 18 to 26 of this booklet before completing this form.

Sec. 1 A. Waste description WASTE PAINT & SPENT SOLVENT FROM BLENDING OPERATIONSB. EPA hazardous waste code D001, F003  
F005

C. State hazardous waste code

D. Source code

G13

Management Method code for Source code G25

41111

E. Form code

W209

F. Quantity generated in 2007

9308.0G. UOM L

Density

8.5☒ lbs/gal ☐ sg

Sec. 2 Was any of this waste managed on site? (pages 24 and 25)

- ☐
- 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
- 
- ☒
- 2 No (SKIP TO SEC. 3)

## ON-SITE PROCESS SYSTEM 1

On-site Management  
Method codeQuantity treated, disposed, or  
recycled on site in 2007411111111111111

## ON-SITE PROCESS SYSTEM 2

On-site Management  
Method codeQuantity treated, disposed, or  
recycled on site in 2007411111111111111

Sec. 3 A. Was any of this waste shipped off site in 2007 for treatment, disposal, or recycling? (pages 25 and 26)

- ☒
- 1 Yes (CONTINUE TO BOX B)
- ☐
- 2 No (FORM IS COMPLETE)

Site 1

B. EPA ID No. of facility to which  
waste was shippedARD 981 057 870C. Off-site Management Method  
code Shipped to41061

D. Total quantity shipped in 2007

9308.0

Site 2

B. EPA ID No. of facility to which  
waste was shipped1111111111C. Off-site Management Method  
code Shipped to41111

D. Total quantity shipped in 2007

1111111111

Site 3

B. EPA ID No. of facility to which  
waste was shipped1111111111C. Off-site Management Method  
code Shipped to41111

D. Total quantity shipped in 2007

1111111111

Comments:



U.S. ENVIRONMENTAL  
PROTECTION AGENCY

2007 Hazardous Waste Report

WASTE GENERATION  
AND MANAGEMENTBEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:SITE NAME: Sherwin-Williams #4355ST Louis, MOEPA ID NO: MO0068549773FORM  
GM

Instructions: Please see the detailed instructions on pages 18 to 26 of this booklet before completing this form.

|  |  |  |   |  |
|--|--|--|---|--|
| Sec. 1   | A. Waste description <u>Waste Paint Related Materials</u>  |  |   |  |
| B. EPA hazardous waste code <u>D001</u>  |  | C. State hazardous waste code                                |   |  |
| D. Source code <u>13</u>   |  | E. Form code <u>209</u>                                      | F. Quantity generated in 2007 <u>4108.9</u>             |  |
| Management Method code for Source code G25   |  | G. UOM <u>L</u>  |   |  |
|  |  | Density  |   |  |
|  |  | <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg |   |  |
| Sec. 2   | Was any of this waste managed on site? (pages 24 and 25)   |  |   |  |
| <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)  |  |  |   |  |
| <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. 3)  |  |  |   |  |
| ON-SITE PROCESS SYSTEM 1   |  | ON-SITE PROCESS SYSTEM 2                                     |   |  |
| On-site Management Method code   | Quantity treated, disposed, or recycled on site in 2007  | On-site Management Method code                               | Quantity treated, disposed, or recycled on site in 2007 |  |
|  |  |  |   |  |
| Sec. 3   | A. Was any of this waste shipped off site in 2007 for treatment, disposal, or recycling? (pages 25 and 26) |  |   |  |
| <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE) |  |  |   |  |
| Site 1   | B. EPA ID No. of facility to which waste was shipped   | C. Off-site Management Method code Shipped to                | D. Total quantity shipped in 2007                       |  |
|  | <u>ARD 98105787D</u>   | <u>14061</u>   | <u>4108.9</u>   |  |
| Site 2   | B. EPA ID No. of facility to which waste was shipped   | C. Off-site Management Method code Shipped to                | D. Total quantity shipped in 2007                       |  |
|  |  |  |   |  |
| Site 3   | B. EPA ID No. of facility to which waste was shipped   | C. Off-site Management Method code Shipped to                | D. Total quantity shipped in 2007                       |  |
|  |  |  |   |  |
| Comments:  |  |  |   |  |

U.S. ENVIRONMENTAL  
PROTECTION AGENCY

2007 Hazardous Waste Report

WASTE GENERATION  
AND MANAGEMENTFORM  
GMBEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:SITE NAME: Sherwin-Williams #4355ST Louis, MOEPA ID NO: MO D068 549 773

Instructions: Please see the detailed instructions on pages 18 to 26 of this booklet before completing this form.

Sec. 1 A. Waste description Waste FLAMMABLE Coatings (Catalysts)B. EPA hazardous waste code D001

C. State hazardous waste code

D. Source code

G13

E. Form code

W209

F. Quantity generated in 2007

1021.9

G. UOM

L

Management Method code for Source code G25

1111

Density

11.1☐ lbs/gal ☐ sg

Sec. 2 Was any of this waste managed on site? (pages 24 and 25)

- ☐
- 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
- 
- ☒
- 2 No (SKIP TO SEC. 3)

## ON-SITE PROCESS SYSTEM 1

On-site Management Method code

Quantity treated, disposed, or recycled on site in 2007

11111111111111

## ON-SITE PROCESS SYSTEM 2

On-site Management Method code

Quantity treated, disposed, or recycled on site in 2007

11111111111111Sec. 3 A. Was any of this waste shipped off site in 2007 for treatment, disposal, or recycling? (pages 25 and 26)  
☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

Site 1

B. EPA ID No. of facility to which waste was shipped

ARD 981 057 870

C. Off-site Management Method code Shipped to

11061

D. Total quantity shipped in 2007

1021.9

Site 2

B. EPA ID No. of facility to which waste was shipped

1111111111

C. Off-site Management Method code Shipped to

1111

D. Total quantity shipped in 2007

1111111111

Site 3

B. EPA ID No. of facility to which waste was shipped

1111111111

C. Off-site Management Method code Shipped to

1111

D. Total quantity shipped in 2007

1111111111

Comments:



U.S. ENVIRONMENTAL  
PROTECTION AGENCY

2007 Hazardous Waste Report

WASTE GENERATION  
AND MANAGEMENTBEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:SITE NAME: Sherwin-Williams # 4355ST LOUIS, MOEPA ID NO: MO D 068 549 773FORM  
GM

Instructions: Please see the detailed instructions on pages 18 to 26 of this booklet before completing this form.

|  |   |  |  |  |
|--|---|--|--|--|
| Sec. 1                                       | A. Waste description <u>Waste Water WITH Organics</u> |  |  |  |
| B. EPA hazardous waste code <u>F003 F005</u> |   | C. State hazardous waste code                                |  |  |
| D. Source code <u>G13</u>                    |   | E. Form code <u>W209</u>                                     | F. Quantity generated in 2007 <u>1,871.0</u> |  |
| Management Method code for Source code G25   |   | G. UOM <u>L</u>  |  |  |
|  |   | Density  |  |  |
|  |   | <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg |  |  |

|  |  |                                |   |  |
|--|--|--------------------------------|---|--|
| Sec. 2   | Was any of this waste managed on site? (pages 24 and 25) |                                |   |  |
| <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)<br><input checked="" type="checkbox"/> 2 No (SKIP TO SEC. 3) |  |                                |   |  |
| ON-SITE PROCESS SYSTEM 1   |  | ON-SITE PROCESS SYSTEM 2       |   |  |
| On-site Management Method code   | Quantity treated, disposed, or recycled on site in 2007  | On-site Management Method code | Quantity treated, disposed, or recycled on site in 2007 |  |
|  |  |                                |   |  |

|  |  |   |                                   |  |
|--|--|---|-----------------------------------|--|
| Sec. 3   | A. Was any of this waste shipped off site in 2007 for treatment, disposal, or recycling? (pages 25 and 26) |   |                                   |  |
| <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE) |  |   |                                   |  |
| Site 1   | B. EPA ID No. of facility to which waste was shipped   | C. Off-site Management Method code Shipped to | D. Total quantity shipped in 2007 |  |
|  | <u>ARD 981 057 870</u>   | <u>W209</u>                                   | <u>1,871.0</u>                    |  |
| Site 2   | B. EPA ID No. of facility to which waste was shipped   | C. Off-site Management Method code Shipped to | D. Total quantity shipped in 2007 |  |
|  |  |   |                                   |  |
| Site 3   | B. EPA ID No. of facility to which waste was shipped   | C. Off-site Management Method code Shipped to | D. Total quantity shipped in 2007 |  |
|  |  |   |                                   |  |

Comments:

U.S. ENVIRONMENTAL  
PROTECTION AGENCY

2007 Hazardous Waste Report

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:SITE NAME: Sherwin-Williams #4355ST LOUIS, MOEPA ID NO: MO0068549773FORM  
OIOFF-SITE  
IDENTIFICATION

Instructions: Please read the detailed instructions on the reverse side before completing this form.

|        |   |  |
|--------|---|--|
| Site 1 | A. EPA ID No. of off-site installation or transporter<br><u>ARD 981 057 870</u> | B. Name of off-site installation or transporter<br><u>PINECO</u> |
|--------|---|--|

|   |  |
|---|--|
| C. Handler type (MARK ALL THAT APPLY)   | D. Address of off-site installation  |
| <input type="checkbox"/> Generator<br><input type="checkbox"/> Transporter<br><input checked="" type="checkbox"/> TSDR facility | Street <u>1007 VULCAN Rd</u><br>City <u>BENTON</u><br>State <u>AR</u> Zip <u>72015</u> |

|        |   |  |
|--------|---|--|
| Site 2 | A. EPA ID No. of off-site installation or transporter<br><u>ILD 006 493 191</u> | B. Name of off-site installation or transporter<br><u>Schiber TRUCK Co</u> |
|--------|---|--|

|   |  |
|---|--|
| C. Handler type (MARK ALL THAT APPLY)   | D. Address of off-site installation  |
| <input type="checkbox"/> Generator<br><input checked="" type="checkbox"/> Transporter<br><input type="checkbox"/> TSDR facility | Street <u>1701 S. DELMAR</u><br>City <u>Hart BRD</u><br>State <u>IL</u> Zip <u>62048</u> |

|        |  |  |
|--------|--|--|
| Site 3 | A. EPA ID No. of off-site installation or transporter<br>_____ | B. Name of off-site installation or transporter<br>_____ |
|--------|--|--|

|  |  |
|--|--|
| C. Handler type (MARK ALL THAT APPLY)  | D. Address of off-site installation                |
| <input type="checkbox"/> Generator<br><input type="checkbox"/> Transporter<br><input type="checkbox"/> TSDR facility | Street _____<br>City _____<br>State ____ Zip _____ |

|        |  |  |
|--------|--|--|
| Site 4 | A. EPA ID No. of off-site installation or transporter<br>_____ | B. Name of off-site installation or transporter<br>_____ |
|--------|--|--|

|  |  |
|--|--|
| C. Handler type (MARK ALL THAT APPLY)  | D. Address of off-site installation                |
| <input type="checkbox"/> Generator<br><input type="checkbox"/> Transporter<br><input type="checkbox"/> TSDR facility | Street _____<br>City _____<br>State ____ Zip _____ |

Comments: